EXHIBIT 35

Participant must provide all of the information below in English:

1. Participant's contact information, includ if any:	ing email address, and that of its counsel,
. /)	
Participant's Name: Jesus fue	ntes Rivero
Participant's Address: JEventes 1660	@ gmail . Com
Participant's Email Address: HC -02 BOX-8	510 Yakucan P. R00767
Name of Councel: Hox man)	Barrey
Address of Counsel: 250 Muñoz	Rivera Lue. 5, J. B. R. 00918
Email Address of Counsel: /NFO @ ONC!	
2. Participant's Claim number and the natur	re of Participant's Claim:
Claim Number: No. 17 BK	3283 - 275
Nature of Claim	
By: Josep Factor River	
Signature	
Jesús Fuentes Rivera	•
Print Name	RECEIVED
Title (if Denti-in and in a denti-in a	SEP 01 2021
Title (if Participant is not an individual)	OLI OI ZOLI
08/19/2021	PRIME CLERK LLC
Date /	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

PR 1845 5Rf 55176 Pack 10:277457 MMZ10:215 Iventes Rivera, Sesos HR-#280X8510 yabuloa 8. A 00967-9506

RECEIVED

SEP 01 2021

ME CLERK LLC

Prime clerk LCC Grand contral station QUB0X4850 Newyork, Ny 10163-4850

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